

FILED NOV 12 1948

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1504 Sproule Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

John Goesmann

3. (b) If veteran, name war **No**

3. (c) Social Security No. **Unknown**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Reaka Goesmann**

6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **January**

4 **1868**
(Month) (Day) (Year)

8. AGE:

Years **80**

Months **9**

Days **27**

If less than one day
hr. min.

9. Birthplace **Gillespie**

(City, town, or county)

Illinois

(State or foreign country)

10. Usual occupation

Hoisting Engineer

11. Industry or business

12. Name **John Goesmann**

13. Birthplace

Germany

Germany

(State or foreign country)

14. Maiden name

Frances DeWier

15. Birthplace

Germany

Germany

(State or foreign country)

16. (a) Informant

Ida Kreamer

(b) Address

1504 Sproule Ave.

17. (a) **Removal**

(b) Date thereof **10-31-48**

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation **Gillespie, Ill.**

18. (a) Signature of funeral director

Albert H. Hoppe

(b) Address

4700 Washington Blvd.

19. (a) **NOV 1 1948**

(b)

J. B. Lander

(Date received local register)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1504 Sproule Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **31**
year **1948** hour _____ minute **55** A. M.

21. I hereby certify that I attended the deceased from **Oct 29-48**

to **Oct 30-48**
that I last saw him alive on **Oct 30**
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Thrombosis

Duration

2 days

Due to

Senility

Due to

Other conditions

P. Hemiplegia

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature

W. B. Houghton

(M. D. or other)

Address

3831 Market Blvd.

Date signed **Oct 31**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Elmer T. Padwell*
Licensed Embalmer No. 4077

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.